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| **Convening Committee 19/20**  **Raffles Hall National University of Singapore, 19 Kent Ridge Crescent, Singapore 119278** Tel: 6516 2078 | Fax: 6773 0589 |
| **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)** |

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| Name of Participant : |  |
| NRIC No. / Passport No. : |  |
| Matriculation No. : |  |
| Date of Birth : |  |

For most people, physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check **YES** or **NO** opposite the question if it applies to you. If a question is answered with **YES, *please use the available space to answer and give additional details.***

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| 1. Have you travelled to any parts of China in the past 14 days? | | | □ YES | □ NO | |
| 1. Have you been in close contact with any confirmed nCoronaVirus Patient? | | | □ YES | □ NO | |
| 1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | | | □ YES | □ NO | |
| 1. Do you feel pain in your chest when you do physical activity? | | | □ YES | □ NO | |
| 1. In the past month, have you had chest pain when you were not doing physical activity? | | | □ YES | □ NO | |
| 1. Do you lose your balance because of dizziness or do you ever lose consciousness? | | | □ YES | □ NO | |
| 1. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | | | □ YES | □ NO | |
| 1. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | | | □ YES | □ NO | |
| 1. Do you know of any other reasons why you should not do physical activity? | | | □ YES | □ NO | |
| 1. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness?   If yes, which activity program do you participate in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | □ YES | □ NO | |
| 1. Medical history |  | | |
| 1. Any drug allergies? |  | | |
| 1. Blood type |  | | |

**Additional information**

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| Name of Next-of-kin : |  |
| Contact No. of Next-of-kin : |  |

**Declaration**

I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

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Signature and Date

- Please submit this form before the start of every match in IHG 2019/20 -